

# Health Department, City of Baltimore.

Permit No. 98882

Office of Registrar of Vital Statistics.

Ward 19<sup>th</sup>

The Physician who attended any person in a last illness, or the Undertaker, in the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within 24 hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PERMIT CERTIFICATE.



## CERTIFICATE OF DEATH.

Date of Death, March 24

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Alice Cook

Sex, Male or Female, { Cross out the word not required in this line. } Female

Age, 21 Years, - Months, 17 Days

Color, Caucasian

Married, Single, Widow or Widower, { Cross out the words not required in this line. } Single

Occupation, Servant

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Catonsville Md

Duration of Residence in the City of Baltimore, 12 years

Place of Death, { Give Street and Number. } 630 Bruce St

Cause of Death, { First (Primary), Typhoid fever }  
 { Second (Immediate), - }

Duration of Last Sickness, About 3 weeks

All the above information should be furnished by the Physician.

Place of Burial, St Peter's cemetery

Date of Burial, March 30 1887

{ Undertaker, Geo B Cook } Robert K. Kneass M. D. Medical Attendant.

{ Place of Business, 1003 W Baltimore } Address, 534 W Bayview St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]



No. 98883

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

# Health Department City of Baltimore.

Permit No. 98883

Office of Registrar of Vital Statistics.

Ward 3<sup>11</sup>

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

Date of Death, March 27-1887

Full Name of Deceased, Jacharian Keller { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Sex, Male or Female, Male { Cross out the word not required in this line. }

Age, 52 Years, \_\_\_\_\_ Months, \_\_\_\_\_ Days.

Color, White

Married, Single ~~Widow~~ ~~Widower~~ { Cross out the words not required in this line. }

Occupation, Jeweler

Birth Place, Germany { State or country, and how long in the United States, if of foreign birth. }

Duration of Residence in the City of Baltimore, 25 yrs

Place of Death, 1650 E Pratt St. { Give Street and Number. }

Cause of Death, Bright's Disease { First (Primary), }  
Complication of Kidneys & Exhaustion { Second (Immediate), }  
About six months

Duration of Last Sickness, \_\_\_\_\_

All the above information should be furnished by the Physician.

Place of Burial, St. Matthew Cem.

Date of Burial, March 30-1887

Undertaker, Leonhard Ritz

Place of Business, 1114 S. Broadway Address, 1872 E. Baltimore

P. J. Hopfman M. D. Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]



HEALTH DEPARTMENT BUREAU OF VITAL STATISTICS BALTIMORE CITY, cm 1132. Printed 10/25/2022.

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 98884 Office of Registrar Statistics. Ward 17<sup>2</sup>

The Physician who attended any person in a last illness, is responsible for the presence of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial within four hours after death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A DEATH CERTIFICATE.



## CERTIFICATE OF DEATH.

Date of Death, March 26<sup>th</sup> 1887

Full Name of Deceased, Ann Bouse { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Sex, Male or Female, Female { Cross out the word not required in this line. }

Age, 62 Years, — Months, — Days.

Color, White

~~Married~~, ~~Single~~, ~~Widow~~ or ~~Widower~~, U { Cross out the words not required in this line. }

Occupation, —

Birth Place, Ireland { State or country, and how long in the United States, if of foreign birth. }

Duration of Residence in the City of Baltimore, 48 years

Place of Death, 1629 Cuba St. Locust Point { Give Street and Number. }

Cause of Death, Pneumonia double  
Apoplexia  
17 days  
{ First (Primary),  
Second (Immediate), }

Duration of Last Sickness, 17 days

All the above information should be furnished by the Physician.

Place of Burial, St. Patrick's Cem.

Date of Burial, March 29<sup>th</sup> 1887

Undertaker, M. A. Day C. L. Bollenbom M. D.

Place of Business, 229 S. Bay Address, 410 S. Pea St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]



No. 98885  
The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 98885 Office of Registrar of Vital Statistics. Ward 4<sup>th</sup>

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

Date of Death, March 28<sup>th</sup> 1887  
Full Name of Deceased, John M. Finnigan  
Sex, Male or Female, Male  
Age, 17 Years, 6 Months, Days.

Color, White  
Married, Single, Widow or Widower, Single  
Occupation, None

Birth Place, Balto

Duration of Residence in the City of Baltimore, Life

Place of Death, old no 1984 Front

Cause of Death, Phthisis Pneumoniae  
Exhaustion

Duration of Last Sickness, 6 mo

All the above information should be furnished by the Physician.

Place of Burial, St Vincents Cemetery

Date of Burial, March 30<sup>th</sup>

Undertaker, Evans & Spencer

Place of Business, 1000 E Balto, St Address, 711 N. Calver St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]



# Health Department, City of Baltimore.

Permit No. 98886 Office of Registrar of Vital Statistics. Ward 10<sup>th</sup>

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT THIS CERTIFICATE.

## CERTIFICATE OF DEATH.

Date of Death, March 28, 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Elyza Fitz

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age, 62 Years, 12 Months, ✓ Days

Color, white

Married, Single, Widow ~~or Widower~~, { Cross out the words not required in this line. }

Occupation, \_\_\_\_\_

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Germany

Duration of Residence in the City of Baltimore, 3 years

Place of Death, { Give Street and Number. } Pearl & Lexington

Cause of Death, { First (Primary), Paralysis  
Second (Immediate), \_\_\_\_\_ }

Duration of Last Sickness, about 15 years

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet

Date of Burial, March 29

{ Undertaker, Andrew Rohde } J. A. Warner M. D.  
Medical Attendant.

{ Place of Business, 730 Penn Ave } Address, 1123 Valley or

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]



The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

# Health Department City of Baltimore.

Permit No. 98887

Office of Registrar of Vital Statistics.

Ward 32

The Physician who attended any person in a last illness is responsible for the completion of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPERLY FILLED OUT CERTIFICATE.

## CERTIFICATE OF DEATH.

Date of Death, March 27 3 07

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Elizabeth Goldbeck

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age, 52 Years, Months, Days.

Color, White

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~, { Cross out the words not required in this line. }

Occupation, housework

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Germany

Duration of Residence in the City of Baltimore, 35 years

Place of Death, { Give Street and Number. } 37 J. K. Thompson

Cause of Death, { First (Primary), Second (Immediate), } Pneumonia, insufficiency arteries  
Paralytic condition

Duration of Last Sickness, 1 week

All the above information should be furnished by the Physician.

Place of Burial, Holy Redeemer

Date of Burial, March 28 4

Undertaker, H. Dippel

Place of Business, 151 E. Bond Address, 1523 E. Baltimore

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]



HEALTH DEPARTMENT BUREAU OF VITAL STATISTICS BALTIMORE CITY, cm1132. Printed 10/25/2022.

Board of Health, City of Baltimore,  
Permit No. 98888 Office of Registrar of Vital Statistics. Ward 12<sup>th</sup>

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 29<sup>th</sup> 1887  
Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } William Malowney  
Sex, Male or Female, { Cross out the word not required in this line. } Male  
Age, stated at 66 Years, \_\_\_\_\_ Months, \_\_\_\_\_ Days, \_\_\_\_\_  
Color, W  
Married, Single, Widow or Widower, { Cross out the word not required in this line. } \_\_\_\_\_  
Occupation, Unable to labor for many years  
Birthplace, { State or country, and how long in the United States, if of foreign birth. } Limerick Co. Ireland  
Duration of Residence in the City of Baltimore, 34 years  
Place of Death, { Give street and Number. } 359 Preston  
Cause of Death, { First, (Primary.) very obscure - nervous debility  
Second, (Immediate.) Prostration }  
Duration of Last Sickness, Many months - I attended him 6 weeks  
All the above information should be furnished by the Physician.  
Place of Burial, New Cathedral cem  
Date of Burial, Mar 31, 1887 { Caleb Winslow M. D.,  
Undertaker Martin Fahey Medical Attendant.  
Place of Business, 606 Townsend St Address, 924 Mculloch St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]



HEALTH DEPARTMENT BUREAU OF VITAL STATISTICS BALTIMORE CITY, cm 1132. Printed 10/25/2022.

The Special Attention of Physicians is respectfully requested to fill out this Certificate.

Health Department City of Baltimore.

Permit No. 98889 Office of Registrar of Vital Statistics. Ward 17<sup>th</sup>

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 28<sup>th</sup> 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Patrick Conroy

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, 77 Years, 0 Months, 0 Days.

Color, White

Married, Single, Widow or Widower, { Cross out the words not required in this line. } Single

Occupation, Irishman

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Ireland

Duration of Residence in the City of Baltimore, 41 Years

Place of Death, { Give Street and Number. } 335 Sharp St

Cause of Death, { First (Primary), Second (Immediate), } Phthisis & Cystitis

Duration of Last Sickness, 5 months

All the above information should be furnished by the Physician.

Place of Burial, St Patrick's Cemetery

Date of Burial, March 30<sup>th</sup> 1887

{ Undertaker, Julius Koehler } Thomas Burke M. D. Medical Attendant.

{ Place of Business, Sharp St } Address, 518 W. Baltimore St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]



Board of Health of Baltimore

Permit No. 98890

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within forty-eight hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

CERTIFICATE OF DEATH

Date of Death, March 28 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Thomas Davis

Sex, Male ~~Female~~, { Cross out the word not required in this line. }

Age, 84 Years, one Months, ten Days.

Color, White

Married, Single, ~~Widow~~ or ~~Widower~~, { Cross out the word not required in this line. } ☒

Occupation, Retired Merchant

Birthplace, { State or Country and how long in the United States, if of foreign birth. } Carroll County Maryland

Duration of Residence in the City of Baltimore, Upwards of 40 years

Place of Death, { Give street and number. } No 1028 N Fayette St

Cause of Death, { First, (Primary.) Locomotor Atrophy  
Second, (Immediate.) General Debility }

Duration of Last Sickness, Ten days

All the above information should be furnished by the Physician

Place of Burial, Green Mt

Date of Burial, March 30 1887 James Amittap M.D.,  
Medical Attendant.

{ Undertaker, Wm Weaver  
Place of Business, 38 N. Eutan St Address, N 14 N Paca St }

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]



The Special Attention of Physicians is respectfully invited to the Remarks below, and to list of Diseases on back of this Certificate.

# Health Department City of Baltimore.

Permit No. 98891 Office of Registrar of Vital Statistics. Ward 8<sup>th</sup>

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

Date of Death, March 28<sup>th</sup> 87. (Gerstemeier)

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Percy C Gerstemeier

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 1 Years, 4 Months, 17 Days

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation, ---

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give Street and Number.} 804 Greenmount Ave

Cause of Death, {First (Primary), Acute Bronchitis  
Second (Immediate), ---}

Duration of Last Sickness, about one week

All the above information should be furnished by the Physician.

Place of Burial, Greenmount Cemetery

Date of Burial, Mar 30<sup>th</sup>

{Undertaker, H. C. Wiedefeld } D. W. Lathell M. D.  
Medical Attendant.

{Place of Business, 916 Greenmount Ave } Address, 4 MB Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]